

Check one:

☐ I am a victim advocate  
with 6 months to 3 years of  
experience

☐ I am a college student

**MISSOURI VICTIM ASSISTANCE ACADEMY**  
**UNIVERSITY OF MISSOURI--COLUMBIA**  
**JULY 25-30, 2004**  
**Participant Application**

Check one:

☐ **I want college credit**  
Extra \$583.50 undergraduate  
Extra \$709.80 for graduate  
☐ **I don't want college  
credits**

**Applicant Information**

Applicant Name: \_\_\_\_\_

Organization (or University if student): \_\_\_\_\_

Street Address: \_\_\_\_\_

City

Zip

County or Counties Served: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Crisis line(s): \_\_\_\_\_ Fax: \_\_\_\_\_

TTY: \_\_\_\_\_ E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Current position: \_\_\_\_\_ **Staff or volunteer:** \_\_\_\_\_

Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

**My agency serves crime victims primarily from (pick one)** ☐ urban ☐ suburban ☐ rural areas.

**I have worked in the victim services/advocate field for** \_\_\_\_\_ **months/years (circle one).**

Participants must stay in student housing on campus.

I am:

☐ **Male** ☐ **Female**

Personal emergency contact person: \_\_\_\_\_

Do you currently have access to a computer with a CD drive? \_\_\_\_\_

What word processing program do you use? WordPerfect or Microsoft Word? \_\_\_\_\_

**Organizational Information (University students indicate your preference)**

1. Select the jurisdiction and one category below that best describes the type of organization you represent:

☐ Federal ☐ State ☐ City ☐ County ☐ Private/nonprofit ☐ Other

2. Which of the following **best** describes the organization or agency at which you work or volunteer?

☐ Police Depart/Sheriff's Office

☐ Adult or youth corrections

☐ Prosecution Office

☐ Adult protective services

☐ Office of the Courts

☐ Domestic violence shelter

☐ Probations or parole

☐ Child abuse agency

☐ Legal services

☐ Homeless shelter

☐ Juvenile justice

☐ Substance abuse/treatment

☐ Tribal justice

☐ Community health program

☐ Rape crisis/recovery program

☐ Children's Division

☐ Faith-based advocacy

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[ ] Population specific advocacy organization, please specify \_\_\_\_\_

3. Please indicate the types of crime victims that you primarily serve (select up to three boxes, as appropriate)

- |                                 |                   |
|---------------------------------|-------------------|
| [ ] All crimes against persons  | [ ] Homicide      |
| [ ] All crimes against property | [ ] Drunk driving |
| [ ] Domestic violence           | [ ] Assault       |
| [ ] Sexual violence             | [ ] Robbery/theft |
| [ ] Child abuse                 | [ ] Elder abuse   |
| [ ] Suicide                     |                   |
| [ ] Other, please specify _____ |                   |

4. Please indicate the types of services you primarily provide for crime victims in your current position (select up to five boxes, as appropriate)

- |                                      |  |
|--------------------------------------|--|
| [ ] Crisis intervention              | [ ] Restitution assistance             |
| [ ] 24-hour crisis line/hotline      | [ ] Notification                       |
| [ ] Emergency medical services       | [ ] Victim impact statement assistance |
| [ ] Shelter                          | [ ] Compensation claim assistance      |
| [ ] Crisis counseling                | [ ] Legal advocacy                     |
| [ ] Therapy                          | [ ] Information/referral               |
| [ ] Psycho-educational classes       | [ ] Support groups                     |
| [ ] Criminal justice system advocacy | [ ] Transportation                     |
| [ ] Courtroom advocacy               | [ ] Childcare                          |
| [ ] Other, please specify _____      |  |

<b>Work Experience</b>
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Please briefly summarize your current and previous experience assisting crime victims and other relevant employment in the last five years. Provide position, responsibilities, and dates of service in chronological order.

Please briefly state your motivation for attending the Missouri Victim Assistance Academy and how your participation will benefit you, your organization, and your community.

### Supervisor/Faculty and Applicant Commitments

Please complete, review, and include both your supervisor's (or if you are a university student—a faculty member) signature and your signature as indicated.

Supervisor(or Faculty) name: \_\_\_\_\_

Supervisor phone number and extension: \_\_\_\_\_

The Missouri Victim Assistance Academy is a comprehensive curriculum requiring each attendee to participate in 40 classroom hours of learning. Your signature below signifies your commitment to punctuality and attendance during the entire Missouri Victim Assistance Academy.

Applicant signature and date: \_\_\_\_\_

The Missouri Victim Assistance Academy is a comprehensive curriculum requiring each attendee participate in 40 classroom hours of learning. As the applicant's supervisor, I understand the attendance commitment. I also understand that certificates of completion are only awarded to attendees participating in all 40 hours of training.

Supervisor signature and date: \_\_\_\_\_

Please mail the original copy of your completed application form to:

Marcellette Barren  
MVAA Project Coordinator  
University of Missouri—St. Louis  
Weinman Building, Upper Level, South Campus  
8001 Natural Bridge  
St. Louis, MO 63121

**Application due date: April 30, 2004**

**Lodging, Meals, & Tuition Cost: \$295.00\***  
**(\$100 for UM students living on campus  
already)**

**\* Double Occupancy—For Single Occupancy add \$50.00**

The Missouri Victim Assistance Academy will make accommodations to meet individual needs based upon disability. Please contact Marcellette Barren with specific needs.

**Housing Preference** (Please note that all participants must stay in the UM—Columbia dorms)

\_\_\_\_ Double Occupancy \$295

\_\_\_\_ Single Occupancy \$345